

Meth-Free Butte Citizen Surveillance Report

Date

/ / 20__

I suspect drug activity is occurring at the following residence....

Street Address

Suspicious Activity Witnessed (be as specific as possible)

I have witnessed the following visitors to the residence listed above, on the date above: (use more sheets if necessary)

1	Time of Visit	Length of Stay	License Plate Number		
	Vehicle Year	Make	Model	Color	# of Passengers
	Other Information				

2	Time of Visit	Length of Stay	License Plate Number		
	Vehicle Year	Make	Model	Color	# of Passengers
	Other Information				

3	Time of Visit	Length of Stay	License Plate Number		
	Vehicle Year	Make	Model	Color	# of Passengers
	Other Information				

4	Time of Visit	Length of Stay	License Plate Number		
	Vehicle Year	Make	Model	Color	# of Passengers
	Other Information				

If you consent to be contacted for follow-up or would consider testifying in a possible trial to the information on this sheet, please provide your contact information below:

Name (Please Print)

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Street Address

Telephone Number(s)

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Send To:

**Southwest Montana
Drug Task Force**

P.O. Box 9
Butte, MT 59703

OR CALL

Drug Activity Tip Line
497-5079